

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF ROBERTO DE JESUS	COURT CASE NUMBER 22-cv-09559
DEFENDANT V. SANTIAGO, et al.	TYPE OF PROCESS Amended Summons/Complaint

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN A. Rodriguez, Acting Director of S.H.U.	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) DOCCS, 1220 Washington Ave. (Building 2) Albany, New York 12226-2050	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Roberto DeJesus, 12-A-0084 Auburn Correctional Facility P.O. Box 618 Auburn, NY 13024	Number of process to be served with this form 285
	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE: *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service)*:

Signature of Attorney other Originator requesting service on behalf of: S. Harold	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER
	<input type="checkbox"/> DEFENDANT	
		DATE 2/13/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
	<u> </u>	<u> </u>	<u> </u>		

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above. *(See remarks below)*

Name and title of individual served <i>if not shown above</i> Erica Twoney ASST Counsel	Date	Time <input type="checkbox"/> am 05/31/2023 0830 <input type="checkbox"/> pm
		Signature of U.S. Marshal or Deputy
		

Costs shown on attached USMS Cost Sheet >>

REMARKS

UNITED STATE MARSHALS SERVICE
SERVICE OF PROCESS
COST OF SERVICE

CASE # 22-CV-9559FTYPE OF PROCESS S+CADDRESS/CITY 1220 Washington Ave, Albany, NYDEPUTY M. Tracey

ATTEMPT #1

DATE	<u>05/31/2023</u>	START TIME	<u>1830 hrs</u>	END TIME	<u>1000 hrs</u>
DUSM(S)	<u>2</u>	X <u>2</u>	X \$65 00	=	<u>\$130</u>
	(number)	(Hours)			
ROUND TRIP MILEAGE	<u>14</u>	X <u>\$58.5</u>	=	<u>\$81.7</u>	

ATTEMPT #2

DATE		START TIME		END TIME	
DUSM(S)		X	X \$65 00	=	
	(number)	(Hours)			
ROUND TRIP MILEAGE		X <u>\$58.5</u>	=		

ATTEMPT #3

DATE		START TIME		END TIME	
DUSM(S)		X	X \$65 00	=	
	(number)	(Hours)			
ROUND TRIP MILEAGE		X <u>\$58.5</u>	=		

Forward Fee (if Applicable) _____

Parking/Tolls _____

Other Expenses (Specify) _____

TOTAL COST _____